

471-000-80 Nebraska Medicaid Long-Term Care UB-04 Billing Instructions for Durable Medical Equipment (DME) submitted by Nursing Facilities (NF's) NFs and Intermediate Care Facilities (ICFs)

Implemented changes will result in the payment for DME items presently paid to DME providers being paid to the nursing facility or ICF provider.

These instructions are not intended for DME Claims for residents in hospital swing-beds, hospice care in a NF or ICF, and residents of an assisted living facility.

Rental claims must include a 'from and thru date span', not to exceed one calendar month. NFs & ICFs and Providers [j1] must use the specific codes for repair & labor as related to the equipment.

NFs & ICFs and Providers [j2] must use K0108 for miscellaneous wheelchair parts. If E1399 is used it will be denied.

NFs & ICFs and Providers [j3] must use correct procedure code modifier's per the DME Fee Schedule.

Purchased items are considered property of the client and will be transferred with them upon discharge or upon death will be turned over to family or legal/personal representative.

UB-04 FORM COMPLETION AND SUBMISSION

DME Policy:

http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-07.pdf

DME Fee Schedule:

<http://dhhs.ne.gov/medicaid/Documents/471-000-507-12.pdf>

Electronic Billing:

http://dhhs.ne.gov/medicaid/Pages/med_edindex.aspx

Mailing Address: When submitting claims on Form CMS-1450, retain a duplicate copy and mail the ORIGINAL form to –

Medicaid Claims Unit
Division of Medicaid and Long-Term Care
Department of Health and Human Services
P O Box 95026
Lincoln, NE 68509-5026

Claim Adjustments and Refunds: See 471-000-99, <http://dhhs.ne.gov/Documents/471-000-99.pdf>, for instructions on requesting adjustments and refund procedures for claims previously processed by Nebraska Medicaid.

Remittance Advice Remark Codes: <http://www.wpc-edi.com/reference/>

Claims Status: http://dhhs.ne.gov/medicaid/Pages/med_claimstatus.aspx

Internet Access for Providers: http://dhhs.ne.gov/medicaid/Pages/med_internetaccess.aspx

Claim Form UB-04 Completion Instructions: The numbers listed below correspond to the numbers of the fields on the form. Completion of fields identified as required are mandatory for claim acceptance. Information in fields marked optional or situational is needed for some aspect of claims processing/resolution. Fields identified as N/A are not needed for Nebraska Medicaid claims.

These instructions can be used in combination with the CMS-1450 (UB-04) claim form instructions in the National Uniform Billing Committee Data Specifications Manual's CMS-1450 (UB-04) claim form instructions. This Data Specifications Manual is available from the National Uniform Billing Committee at: <http://www.nubc.org>

FIELD LOCATION ELEMENT DESCRIPTION		REQUIREMENT
1.	Provider Name, Address & Telephone Number	Required
2.	Pay-To Name and Address: Facility Name and Address Only.	Required
3a.	Patient Control Number: Will be included on the Remittance Advice.	Optional
3b.	Patient's Medical Record Number: Provider's assigned number to patient record.	Optional
4.	Type of Bill: Use Bill Type Code 23x Only.	Required
5.	Federal Tax Number	Required
6.	Statement Covers Period: From and Thru Dates for Rental month, Date of Service for Purchase.	Required
7.	Unlabeled	Not Used
8a.	Medicaid ID #, Complete 11 Digit #	Required
8b.	Patient's Name: Person who received equipment, Last/First/M.I..	Required
9.	Patient's Address	Required

<u>FIELD LOCATION ELEMENT DESCRIPTION</u>		<u>REQUIREMENT</u>
10.	Patient's Birthdate, MM/DD/Year	Required
11.	Patient's Sex	Required
12.	Admission Date	Required
13.	Admission Hour	Not Used
14.	Type of Admission/Visit Only Use Code "3-Elective."	Required
15.	Source of Admission	Not Used
16.	Discharge Hour	Not Used
17.	Patient Discharge Status Refer to UB Manual for Coding.	Required
18-28.	Condition Codes	Not Used
29.	Accident State	Not Used
30.	Unlabeled	Not Used
31-34.	Occurrence Codes and Dates	Not Used
35-36.	Occurrence Span Codes and Dates	Not Used
37.	Unlabeled	Not Used
38.	Responsible Party Name and Address	Not Used
39-41.	Value Codes and Amounts	Not Used
42.	Revenue Code: Use Revenue Type 29x Only.	Required
43.	Revenue Code and Description: Refer to #42 and UB Manual for Description.	Required
44.	HCPSC Code/Modifier (If required): Refer to DME Fee Schedule.	Required
45.	Date of Service: List date dispensed or, if rental list start date.	Required

FIELD	LOCATION ELEMENT DESCRIPTION	REQUIREMENT
46.	Units of Service	Required
47.	Total Charges	Required
48.	Non-Covered Charges	Not Used
49.	Reserved for Future Use	Not Used
50.	Payer Identification (Name): Use when another payer was primary to Medicaid	Situational
51.	Health Plan Identification Number: Use when another payer was primary to Medicaid	Situational
52.	Release of Information Certification	Not Used
53.	Assignment of Benefit Certification	Not Used
54.	Prior Payments: *For services listed on this claim, enter any payments made, due, or obligated from other sources unless the source is Medicare. Other sources may include health insurance, liability insurance, excess income, etc. **A copy of the Medicare Explanation of Benefits (EOB), insurance remittance advice, and explanation of benefits, denial, or other documentation must be attached to each claim when submitting multiple claim forms.	Situational
55.	Estimated Amount Due	Not Used
56.	NPI: The unique 10 digit identification number assigned to the provider submitting the claim. Enter the National Provider Identifier (NPI) of the Billing Provider, as reported to Nebraska Medicaid.	Required
57.	Other Provider ID's	Not Used
58.	Insured's Name	Not Used
59.	Patient's Relation to Insured: Use Patient Relationship code 18 for all claims.	Required

FIELD	LOCATION ELEMENT DESCRIPTION	REQUIREMENT
60.	Insured's Unique ID: Enter the Medicaid recipient's complete eleven-digit identification number.	Required
61.	Insured's Group Name: Recommended when Nebraska Medicaid is the secondary payer.	Situational
62.	Insured's Group Number: Recommended when Nebraska Medicaid is the secondary payer.	Situational
63.	Treatment Authorization Codes	Not Used
64.	Document Control Number (DCN): Required when Type of Bill Frequency Code (FL04) indicates this claim is a replacement claim or void to a previously adjudicated claim.	Situational
65.	Employer Name	Not Used
66.	Diagnosis/Procedure Code Qualifier	Not Used
67.	Principal Diagnosis Code/Other Diagnosis Code: Enter the ICD-9-CM code for the primary diagnosis. COMPLETE diagnosis code is required. A complete code may include a third, fourth, and fifth digit, as defined in ICD-9-CM.	Required
67	A-Q. Other Diagnosis Codes--ICD-9-CM: Enter the ICD-9-CM codes corresponding to conditions that co-exist or that develop subsequently, and that affect the treatment received and/or the length of stay.	Situational
68.	Unlabeled	Not Used
69.	Admitting Diagnosis Code	Not Used
70.	Patient's Reason for Visit Code	Not Used
71.	PPS Code	Not Used
72.	External Cause of Injury Code	Not Used
73.	Unlabeled	Not Used

<u>FIELD LOCATION ELEMENT DESCRIPTION</u>		<u>REQUIREMENT</u>
74.	Principal Procedure Code/Date	Not Used
75.	Unlabeled	Not Used
76.	Attending Name/ID-Qualifier: Enter the attending practitioner's last and first name. <u>NOTE: Enter the National Provider Identifier (NPI) of the ordering physician.</u>	Required
77.	Operating ID	Not Used
78-79.	Other ID	Not Used
80.	Remarks	Situational
81.	Taxonomy	Required
81cc.a	Taxonomy Code of the Billing Provider: Enter the 10-digit taxonomy code of the Billing Provider, as reported to Nebraska Medicaid.	Required
81cc.b	Zip Code of the Billing Provider: Enter the nine-digit Zip Code (Zip+4) of the Billing Provider, as reported to Nebraska Medicaid.	Required